

# Surgical Associates of Austin, P.A.

F. Ames Smith, Jr., M.D., F.A.C.S.  
F. William Cherico, Jr., M.D., F.A.C.S.  
Robert M. Markus, Jr., M.D., F.A.C.S.  
William D. Mayer, M.D., F.A.C.S.  
R.Y. Declan Fleming, M.D., F.A.C.S.  
Rodney B. Ashworth, M.D., F.A.C.S.  
Peter V. Ching, M.D.  
Aravind B. Sankar, M.D., F.A.C.S.  
Alejandro Esquivel, M.D.

## ACKNOWLEDGEMENT

I have been given a copy of my doctor's pre-surgical instructions  
and post-surgical instructions.

I have also been given the appropriate telephone numbers at my  
doctor's office to call if I need more information, or have any questions.

---

Patient

Date

Print Name:

Account # :

---

Central Office  
Plaza St. David  
1015 E. 32nd, Suite 308  
Austin, Texas 78705  
512/472-1381  
Fax 512/472-9688

North Office  
Medical Oaks Pavilion  
12201 Renfert Way  
Suite 335  
Austin, Texas 78758  
512/836-3210  
Fax 512/339-8203

South Office  
South Austin Professional Building  
4007 James Casey Street  
Suite A-220  
Austin, Texas 78745  
512/447-4993  
Fax 512/447-7084